

CLAIMS ONLY

Application Number

101750,421

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1			/					
2			/					
3			/					
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49								
50								
Total Indep	2		2					
Total Depend	20		20					
Total Claims	22		22					

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Total
Indep
Total
Depend
Total
Claims